State of Wisconsin
Department of Health and Family Services

DHFS

WISCONSIN

SENIORCARE

Prescription Drugs for Wisconsin Seniors

SeniorCare Demonstration Program
Quarterly Report

For the Quarter July, August and September 2002

Submitted: November 29, 2002

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Wisconsin SeniorCare
Quarterly Report – July, August and September 2002

A.   OVERVIEW – SUMMARY OF EVENTS

SeniorCare, Wisconsin's prescription drug program for seniors, was successfully implemented statewide during this quarter. Enrollment began on schedule on July 1, with a total of 58,298 participants enrolled during the quarter in both the waiver and state-only programs. Of those, 41,830 were enrolled in the waiver portion of the program. In addition, benefits payments were begun on schedule on September 1, with $1.8 million paid for 63,580 prescriptions by the state and federal governments on behalf of persons enrolled in the waiver portion of the program[1]. All facets of the implementation went very smoothly.

Department staff continued their planning and preparation for the various implementation tasks throughout the quarter. The various work groups and the management oversight groups outlined in the SeniorCare Operational Protocol continued to meet on a regular basis until it became clear that the program was well on its way without serious difficulties. In addition, the department maintained frequent contact with members of the advisory committee and conducted monthly meetings of the committee. The department also hosted training sessions for pharmacies throughout the state using ETN network conference call technology. Within two weeks of the start of claims processing, the Pharmacy Society of Wisconsin indicated that "the launch was remarkable in that such a large undertaking had so few problems." [2]

Department staff also continued to work with state and community agencies and organizations to explain and promote the program. During the quarter, presentations were made to The Wisconsin Medical Society, the Health Insurance Risk Sharing Plan Board of Directors, the Medical Assistance Advisory Committee, the BadgerCare Coordinating Committee, and many other local and state groups. The state chapter of the AARP also conducted a series of training sessions for seniors and their support organizations around the state during this quarter.

During the quarter the department hosted a site visit from CMS representatives from the regional and the central office. At this meeting and over the subsequent few days, all final issues regarding the waiver operational protocol were resolved and the operational protocol was approved on August 30, 2002. It was agreed that further discussions would ensue regarding certain aspects of financial reporting including how to best report overlapping populations in the various Wisconsin CMS waivers including SeniorCare.

In summary, this quarter was both very busy and very successful, as SeniorCare became a reality for Wisconsin senior citizens.

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[1] For further quantitative information and a detailed description of data sources and definitions, see Section D and the associated attached tables in this report.

[2] Conference call with PSW, September 10, 2002.

B. ELIGIBILITY AND ENROLLMENT

Application Form and Instructions Developed

SeniorCare application and instructions were developed, reviewed extensively and printed for distribution in April – June of 2002. The documents were made available to customers through a variety of methods beginning July 1, 2002. The primary distribution method was through the county and tribal aging units throughout the state. Applications and instructions were also mailed to customers who contacted the SeniorCare customer service hotline and requested enrollment information. Lastly, applications and instructions were made available from the SeniorCare website.

As a result of very active outreach and enrollment activity during start-up months of the program over 275,000 sets of applications and instructions were distributed.

Lessons Learned. The SeniorCare application was developed and designed to be a simple, one-page application that could be mailed to a central location and scanned. Early experiences with the application have raised several common themes with regard to areas of the application that present the most difficulty for customers as they complete it. These themes are described below.

- Some applicants were confused about the difference between Social Security and Supplemental Security Income (SSI). Some applicants checked the box that indicated they received SSI when they did not. This can negatively impact their eligibility for SeniorCare, as SSI recipients are categorically eligible for Medicaid, and would therefore not be enrolled in SeniorCare.
- The questions related to marital status and whether the applicant is living with their spouse were subject to various interpretations. For instance, some applicants will indicate that they are married although their spouse has passed away.
- The signature section was not easily understood by some applicants and has resulted in several applications being submitted with signatures on the wrong line. A number of applicants were confused about where to sign because of the multiple options and requirements related to signatures from authorized representatives and the applicant.

Plans for modifying the application form to address these areas of concern are underway. These plans will incorporate additional testing of the form with consumers. Changes to the form will be coordinated with the improvements and transition of the scanning operation as there are also technological modifications that can be made to the form (see Scanning Section).

Central Application Processing Operation (CAPO)

The Central Application Processing Operation (CAPO) was developed as an integrated, private and public worker model to meet the anticipated high volume customer service and application processing needs for SeniorCare. Dual supervision, through coordination of private and public management resources, was implemented as part of the CAPO model with co-location of private and public workers.

The customer service component addresses the needs of consumers seeking general information about program requirements and application procedures, case-specific information about individual applications in progress, and benefits information following enrollment in the program.

Application processing functions are structured in a station concept. Private workers perform pre-eligibility tasks at Stations one through three that include mail handling, pre-scanning application and enrollment fee procedures, post-scanning discrepancy processing and client registration into the automated eligibility determination system, known as CARES. Station four is staffed exclusively by public workers and these workers perform all tasks related to eligibility determinations including; initiation of determinations in the CARES system, review of eligibility determination results, performance of related queries and review of data exchange information for verification and confirmation of eligibility. Public workers, following consumer contacts and coordination with customer service, also perform post confirmation tasks associated with re-determinations of eligibility and change reporting.

CAPO staff are also responsible for coordination of activities for shared information with local agencies for those consumers who are dually enrolled in the SeniorCare program and other public benefit programs for which eligibility is determined using the CARES system.

The integrated, central processing model has resulted in the following positive outcomes:

- Maximized efficiency resulting in eligibility determinations completed for approximately 40,000 individuals in eight weeks. These individuals had immediate access to program benefits on the date benefits were first available, 9/1/02
- Maximized efficiency resulting in eligibility determinations being completed, on average, in 19 days, which is significantly less than the 30 days required by administrative rule
- Immediate consumer access to information through the toll-free hotline with accommodations for disabilities and limited English proficiency
- Successful dual supervision of private and public workers at central location
- Direct response to local agency requests for shared information coordination within 24 hours
- Consumer referral to local resources and events to support pre-application counseling, application assistance, primary health care access and access to other public benefits

The following areas have been identified for further model analysis, development and process refinement as a result of initial implementation:

- Communication methods between customer service and application processing staff
- Local agency coordination specific to addresses and client communication
- Staff time associated with consumer case management due to special needs of target population
- Staff time associated with consumer case management due to client representation by designated family members, Powers of Attorney, Legal Guardians and social service workers

CAPO Staffing and Staff Training. Staffing of the CAPO was achieved through the hire of public and private workers, with both temporary and permanent status.   During start-up, 68 staff were placed with staggered start dates based on functional area, beginning with customer service in mid-June followed by application processing staff according to station assignment beginning the end of June. The staggered hiring timeline for staff placement allowed for training to be designed and delivered in a condensed timeframe relative to specific assigned functions.   A staffing reserve plan was developed to deploy additional resources from the DHFS and the Medicaid fiscal agent in the event that staff projections for customer call volume and application submissions were under-estimated.

Training materials were designed, developed, written and delivered through a collaborative effort. Team members included:
- Communications, technical writing, policy and systems staff from the Bureau of Health Care Eligibility
- Business/systems analysts and testing teams from the State's CARES contractor
- Medicaid training staff from the Department of Workforce Development; and
- The Medicaid fiscal agent eligibility and CAPO unit supervisor and designated systems staff

The Bureau on Aging and Long Term Care Resources and Wisconsin AARP staff were consulted and provided materials especially for inclusion in modules related to the needs of the target population.

Training schedules and agendas were coordinated to meet the specific skills sets required by staff function and were delivered based on hiring schedule over a period of six weeks. Customer service training components included customer service standards, customer service script, ethics and confidentiality, SeniorCare policy and application procedures, special needs of the target population, structure and relationships of Aging Network and primary healthcare access, consumer protection issue awareness, and SeniorCare information systems functionality for information retrieval.

Application processing staff completed all the modules identified for customer service, with additional training for systems functionality beyond information retrieval including eligibility determinations, case management, problem research and resolution, coordination with local agencies for shared information, use of data exchange, change reporting and re-determinations.

Training delivery methods considered adult learning styles and used a variety of media. Periodic assessments were conducted during all sessions to assure staff achievement of training objectives. All were required to complete a written examination of SeniorCare policy and procedure as well as demonstrate the skills necessary to correctly use the systems necessary for their specific task assignments.

Accommodations were implemented for three staff with special learning needs and disabilities throughout training sessions.   Specific coordination to facilitate access to CARES system functionality to meet the identified training needs was a consideration for implementation of SeniorCare. A high degree of coordination was necessary with systems infrastructure and facility space managers to accommodate the hire and training of this significant number of staff within a

short timeframe. Retention of training staff as onsite CAPO support allowed for ongoing assessment of knowledge retention and integration as well as a means to monitor staff adherence to standards for customer service and application processing. Re-training and individual support occurred on a daily basis. Cross training of private workers also allowed for flexibility to meet daily changes in call volume and receipt of applications.

The training content was summarized and shared with Benefit Specialists in the Aging Network through their training sessions as a means to foster greater understanding of the service and processing standards set for the CAPO.

Positive outcomes related to the phase-in of staff and a collaborative training approach for the CAPO include:
- Consistent and accurate information provided by customer service to a target population with special needs, as supported by feedback from the aging network
- Customer service staffing at a level sufficient to allow immediate consumer access to information with limited telephone waiting time
- Successful implementation of a reserve plan for customer service during peak call volume period 9/1 through 9/15/02
- Immediate identification of potential senior insurance scam and referral to the Department of Consumer Protection resulting in insurance industry disciplinary action
- Application processing staffing at a level sufficient to result in timely eligibility determinations
- Immediate knowledge and skill transfer to deal with high volume of applications in a system with new functionality
- Application processing proficiency resulting in accurate and timely determinations of eligibility
- Improvements to CARES systems that supported use by staff with limited experience identified during training sessions
- Improvements to CARES that reduced potential for manual keying errors identified during training sessions
- Flexible use of staff resources to meet changing needs relative to daily call and application receipt volumes
- Ongoing feedback and quality improvement as a result of partnership with Benefit Specialists and other Aging Network members

Lessons Learned. Our experience to date in administering SeniorCare through the CAPO model has lead us to identify a number of areas that need further analysis or adjustments.

Personnel Practices:
- Skill sets and level of experience requirements for various staff related to complex policy and systems functionality
- Ratio of supervisory and lead worker staff to direct service staff
- Time commitments for temporary staff relative to anticipated high volume periods to reduce training needs associated with staff turnover

- Potential use of dual customer service/application processing staffing
- The potential need for, and use of, a dual eligibility and provider services customer service role in meeting customer service needs
- Ongoing need for reserve staff relative to unpredictable call and application volumes
- Level of daily ongoing policy and technical support for ongoing administration
- Level of ongoing policy and technical support necessary for implementation of pre-printed review plan

Training Considerations:
- Identify minimum training requirements for customer service and application processing staff
- Identify training delivery model related to staff turnover and quality improvement
- Training delivery plan for reserve staff
- Training design and delivery for temporary staff needed for review period
- Coordination of training with partners in the aging network specific to CAPO process and procedures

CAPO Facilities, Equipment and Communications. A plan to meet the facility, equipment and communication needs of the CAPO was successfully implemented using a team approach involving staff from multiple Divisions in DHFS, the Departments of Administration and e-Government, the Medicaid fiscal agent, Ameritech, AT & T, and the CARES administrator.

Temporary space was secured in a facility with a flexible, short-term lease option through an affiliate of the Medicaid fiscal agent which provided a central, accessible, furnished location. This allowed the program to accommodate greater numbers of staff during the initial implementation period. This lease flexibility additionally has allowed extended occupancy to facilitate a smooth transition plan to a permanent location in early December.

Communications required the highest degree of collaboration and technical consideration due to the limited time available for implementation. Advance planning requirements related to telephone line orders and connectivity to the selected location for installation of the 800 number were critical. Call distribution methods were limited due to the temporary facility and its location. Despite these challenges, an effective call distribution system was implemented to minimize hold time, direct callers to correspondents to meet specific needs and insure that anticipated high call volume would not negatively impact the state telephone system. In addition, the call distribution method implemented allowed for flexibility in utilization of customer service staff resources by allowing assignment to user groups based on call volume during specific periods of implementation.

All staff were provided with computers to support communication and provide access to the Internet, CARES, MMIS and the Onbase image server for SeniorCare information retrieval and application processing. Special technical accommodations were made to support private and public workers as users on one LAN. Space and connectivity was provided for onsite support members from other areas. Designated staff were trained as LAN mentors to address connectivity and access issues for immediate resolution on an as-needed basis. Computer equipment needs were met through use of available department units to reduce the need to purchase new equipment, except for those identified as permanent staff.

Successful implementation of facilities and communications infrastructure for the CAPO is demonstrated by the following results:

- Successful response to approximately 60,000 calls for the period of June 24 – September 30
- Uninterrupted systems connectivity since implementation
- Immediate problem resolution and minimum service disruption for individual user connectivity and access concerns as well as for phone company line problems identified by the CAPO
- Maximized use of resources to limit spending for facility, furnishings and equipment needed for short-term use

Planning for the transition of the CAPO to its permanent location in December includes the implementation of telecommunications technology that will allow the following improvements:

- A call distribution method that provides additional flexibility in meeting customer service needs and allows increased report generation to assess the ongoing quality and volume of customer service activities
- Technology to support customer service documentation of consumer contact and referral to application processing staff
- Use of voice mail to accommodate the necessary coordination between customer service and application processing functions

Scanning Process Defined and Implemented

The application processing model designed for SeniorCare relies on optical scanning technology to maximize the rate at which information from SeniorCare applications can be captured and transmitted to CARES (the automated eligibility determination system) for eligibility processing. In implementing SeniorCare, DHFS elected to contract with an existing scanning operation at the state Department of Administration (DOA) with the goal being to select a cost-effective and immediate available vendor.

The scanning operation at DOA is one in which the applications are first scanned and then validated through a double-indexing process that employs optical character recognition software and manual review. Underlying this process is a series of business requirements established by DHFS that interject SeniorCare policies that control decisions regarding the validity and completeness of information provided on an application. Once scanned, an electronic version of the paper application form is transmitted as a "data stream" to CARES. This process eliminates the need for manual data entry into the system and, instead, allows CAPO staff to devote their time to processing eligibility. The scanning process also links to the financial systems that manage the receipt and processing of the enrollment fee.

A 95% confidence standard is established for the optical character recognition scanning process. Through a variety of monitoring mechanisms, it has been determined that the scanning operation is currently achieving a 97% accuracy rate.

As of September 30, 2002, over 53,000 applications have been received and scanned into CARES.

The Department of Administration has informed DHFS that it is eliminating its scanning service altogether and will not be able to provide this service for SeniorCare as of mid-January, 2003. As a result, DHFS is in the process of planning for the transition of this function to the Medicaid fiscal agent. This transition will allow greater coordination with the CAPO and financial systems established within the current model.

Lessons Learned. SeniorCare has presented DHFS with its first opportunity to employ scanning technology in the application process for a statewide public assistance program. This opportunity has allowed DHFS to learn more about how scanning can improve and expedite the processing of applications to reduce administration costs and provide maximum customer service.

The business rules established for the scanning process are critical to the data validation process that creates the data stream for CARES. Several changes to the business rules were made to address issues that were identified early during implementation. For example, it became clear that some applicants did not understand the difference between SSI and Social Security. Applicants were checking the box on the application that indicates that they are receiving SSI, when they actually were not. A person who receives SSI is not eligible to enroll in SeniorCare because the person would already be categorically eligible for Medicaid. To avoid inappropriate denials for SeniorCare due to this misunderstanding, the business rule was modified to basically ignore the answer to this question. Instead, CAPO staff now rely on data exchange information to determine if an individual is currently an SSI recipient. In another example, a simple validation change was made to ensure that a numeric field contains only numeric characters.

The planning for the transition of the scanning operation to the Medicaid fiscal agent has included a detailed review of the business requirements for SeniorCare. This has allowed a number of refinements that will have positive results with regard to the efficiencies that should be inherent in this process. In addition, the plans include technological improvements to address the accuracy of the data captured from the applications.

CARES System Changes

Wisconsin's automated statewide eligibility system, CARES, determines and certifies eligibility for Medicaid, BadgerCare, Food Stamps, the SSI Caretaker Supplement, Wisconsin Works (TANF) and Child Care. The following describe the enhancements that were made to CARES to accommodate SeniorCare.

In-Box. A new CARES subsystem called the "In-Box" was added to CARES to accept the data stream of paper application data transmitted from the scanning operation. The In-Box accepts the data from the scanner and populates that data onto the corresponding on-line screens for the eligibility worker to review. As the application moves through the eligibility process, the In-box assigns a status at each key point. In this manner the progress of each application is tracked throughout the determination process.

Linkages with County Agencies. Prior to SeniorCare automation changes, an eligibility case in CARES could exist in only one local economic support agency at a time. With SeniorCare implementation, cases are shared between the CAPO and a local economic support agency in those instances where participants are also receiving benefits from other programs of assistance (e.g., Food Stamps). This allows for close coordination of services between the local eligibility worker and the state CAPO worker. Additional system modifications facilitate the movement of control of these mixed cases back and forth between the county and the CAPO.

Coordination with Medicaid. Several modifications were made to CARES to allow greater coordination with Medicaid. First, the SeniorCare eligibility notice generated by CARES includes a reminder to eligible SeniorCare applicants with incomes below 135 percent of the federal poverty level that they could be eligible for assistance with their Medicare premiums. The notice refers them to the local county department of human/social services or suggests that they call Medicaid recipient services for more information on how to apply. If they apply, they are automatically screened for Medicaid benefits.

Local agency representatives have indicated that they have experienced an increase in Medicaid applications from elderly, blind and disabled individuals due to the language contained in the SeniorCare notice. However, they also indicated that many of the applicants have assets than render them ineligible. In response to this situation, and at the recommendation of the local agencies, the SeniorCare notice was modified to also include information about asset limits for Medicaid to more clearly guide applicants.

Second, CARES was modified so that the established SeniorCare benefit period for participants who become recipients of Medicaid is maintained. During the period the individual is receiving Medicaid, Medicaid (not SeniorCare) will provide coverage of the person's drug costs. However, if the person subsequently becomes ineligible for Medicaid during the 12 months, the person's SeniorCare eligibility will be 're-activated' for the remainder of the person's enrollment period without having to re-apply and pay another $20 enrollment fee.

Eligibility Determination. Until the implementation of SeniorCare, CARES always determined eligibility for all programs of assistance an individual requested at the same time. For SeniorCare, the eligibility determination stands alone. This allows the dual management of a case by both the local county agency and the CAPO. In this way, State eligibility workers at the CAPO cannot perform actions in the system that will affect food stamp eligibility and benefit calculation and local agency workers cannot make changes that will affect SeniorCare eligibility.

Lessons Learned. The implementation schedule for the technological aspects of the CAPO required that we implement the scanning and CARES systems changes incrementally. The scanning operation was implemented immediately after July 1, whereas the CARES modifications that allowed the eligibility queue to run were not complete until the third week in July. In retrospect, this greatly enhanced our ability to ensure that all systems were operating as they should be once the CAPO was fully operational. We were able to test, review and make adjustments as necessary to the data stream that was sent to CARES from the scanning operation prior to running eligibility.

In an effort to streamline the process for SeniorCare, we found we had not anticipated all of the interactions between CAPO and the local economic support agency workers. For instance, many eligibility workers used a common CARES address screen to handle complicated Medicaid cases. SeniorCare used this same screen for its address and, at times, the address to which SeniorCare was programmed to send notices was different than the address to which Medicaid notices needed to be sent. This issue raised our awareness of the extent of possible interactions between the CAPO and local agencies and allowed us to research, resolve and better anticipate issues that arose.

Public Information and Education

The Department had developed several strategies to provide information to seniors, their families and friends and to educate them about various aspects of the SeniorCare program. These included the development of marketing materials, training of partner organizations in the aging network, and development of the SeniorCare web site.

Marketing Materials. The marketing materials included the Wisconsin SeniorCare logo, a brochure (see Attachment), television commercial, posters and radio announcement. The Department contracted with Knupp and Watson, an ad agency that focuses on social marketing.

The Department developed a distinct logo for the Wisconsin SeniorCare program. This was done for consumer protection reasons and the logo is used on all of SeniorCare materials, including the SeniorCare identification card sent to participants.

Early in the program development, the goal of the marketing materials was to educate consumers about the eligibility criteria, participant cost-sharing requirements, the SeniorCare Customer Service hotline and the SeniorCare web site. General information about covered drugs was provided in these marketing materials, but the primary focus of the materials was on basic eligibility information and where to obtain additional information.

Lessons Learned. Several lessons were learned in developing these materials. First, the use of a professional agency with experience in developing materials for new social programs helped us to ensure a continuous theme throughout the materials. The same seniors that were photographed for the brochure also appear in the television commercial. In addition, the photographs from the brochure are used in the poster. Further, in one scene of the television commercial, two men are shown playing chess. The radio announcement picks up on this theme with the voices of two men who discuss being ready for a chess match.

Second, the timing of the television commercial and the release of the brochure to correspond to the implementation of the SeniorCare toll-free hotline enhanced our ability to provide application and eligibility information to applicants and their families quickly. It was useful not to just have a brochure or television commercial, but to include in those materials a phone number that seniors and their family members could call for more information.

Finally, although we provided general information about SeniorCare benefits through our brochures and fact sheets, potential participants indicated the need to know if their particular

drug would be covered under the program. This information is available on the SeniorCare website.

Training of Aging Network. The Department has disseminated information about SeniorCare and conducted training sessions with various organizations that continue to assist seniors in answering questions about SeniorCare, counseling seniors on the benefits of the program, and assisting seniors in completing applications.

Training sessions and presentations began at the end of May, with a briefing to the Aging Directors from the Board on Aging and Long-Term Care. Training sessions also occurred with benefit specialists, AARP volunteers, Care Managers from the Dane County Area Agency on Aging, and the Coalition of Wisconsin Aging Groups. Specialists who staff the MediGap Hotline also attended SeniorCare training sessions.

The following table lists the training sessions and presentations that were conducted or scheduled between July 1 and September 30 and the number of attendees. (Training sessions that occurred prior to July 1 are not included in this quarterly report, but can be found in the operational protocol for Wisconsin).

Date/Location	Group (Number of Participants)
July 1, 2002 – Milwaukee	BadgerCare Coordination and Care Network, (50 participants)
July 10, 2002 - Eau Claire	Coalition on Wisconsin Aging Groups Training, (30-50 participants, 2 sessions)
July 30, 2002 – Marshfield	Marshfield Clinic, (130 participants, 2 sessions)
July 31, 2002 - Madison	Managed Care Forum (25 participants)
September 18, 2002 – Minocqua	Managed Care Forum (30 participants)

In these training sessions, DHFS provided a list of safety net providers and instructions so that individuals who have assisted and who continue to assist seniors can make referrals to the appropriate safety net provider if a SeniorCare applicant or participant is having trouble accessing primary care services.

Organizations throughout the aging network have been instrumental in the delivery of this program. Benefit specialists, located in every county and tribe in Wisconsin, have served as a primary point of contact locally for seniors. AARP conducted a series of events throughout the state, including van tours to promote the SeniorCare program and help eligible seniors enroll. In addition, AARP mailed requests for applications to 875 potential applicants. The list of AARP events and number of seniors they helped to enroll is shown in the following table. In total, AARP assisted us in serving over 10,000 people.

Date	Location/Number of People Served
July 1 and 2, 2002	Milwaukee at 4 different locations/ 2,650 people served
July 9-11, 2002	Dane County at 6 different locations/ 780 people served
July 22-26, 2002	Van Tour #1 – Janesville, Beloit, Racine, Burlington, Kenosha, Sheboygan, Manitowoc, Rhinelander, Green Bay, Marinette, Wausau, Stevens Point/ 3,260 people served
August 5-9, 2002	Van Tour #2 – LaCrosse, Whitehall, Tomah, River Falls, Eau Claire, Hayward, Superior, Rice Lake, Marshfield, Wisconsin Rapids, Oshkosh, Fond du Lac/ 2,081 people served
August 21-September 17, 2002	Van Tour #3 – Richland Center, Elkhorn, Waupun, Appleton, Portage, Wautoma, Dodgeville/ 358 people served

We have heard from many sources that seniors are very concerned about providing accurate information to us, and many seniors have appreciated the face-to-face contact provided by our partners.

In addition, we learned much about the senior population through the aging network. They have provided comments and feedback to us on program communications through fact sheets, brochures, and other communications. They understood how seniors would perceive certain statements and helped alleviate the potential for miscommunication. We believe much of the success of SeniorCare stems from our partnership with the aging network.

Development of SeniorCare Web Site

Although seniors may use the Internet less than people in other age groups, a growing number of seniors are going online. In addition, seniors who have family and friends assisting them in applying for the program may find information on the web useful. Therefore, the Department has implemented a SeniorCare web site, with a link through the Department's own web site that is used for other programs such as Medicaid.

One important feature of our web site is an interactive tool that allows individuals to enter personal information related to SeniorCare eligibility along with income information to find out if they qualify for SeniorCare and the cost-sharing requirements the person would have under the program. Application materials, including the application instructions, are also available for printing from the web site.

The web site contains a wide variety of information. Our SeniorCare fact sheets – one that provides general information and one that provides detailed information about what income to count are both available on our website. Additional information includes our SeniorCare brochure, the SeniorCare participant handbook, links to our partners in local aging agencies, as well as links to other information for seniors.

Lessons Learned. We learned some important lessons about web site design. First, not all PCs on the web use Java or Java script. It was important for us to plan to have both a Java and a non-Java version.

We were concerned about having large buttons on fonts for people who have difficulty with their vision. However, we learned that web sites can be user-adjusted to have scalable fonts so that a person can set their computer to have all of their documents and web sites use a larger size font. This allowed for some flexibility in how the web site was designed, so that the information could be displayed on a single screen width, but those who needed assistance, could set their computer accordingly.

We learned that it was important to have a consistent look and feel across the web site. It was also important to use consistent words and phrases throughout the web site, and to use the same language that is used in other consumer communications. People gain a better understanding the eligibility and benefits components of the program when there is a consistent message through all communication forms.

Quality Assurance Process

In order to insure program integrity, Wisconsin is currently developing and refining the plan for implementation of a quality assurance review process.

Program Participation Data Tracking and Analysis. Information regarding application processing and eligibility will be obtained and analyzed to answer key questions about program administration and participation. Data gathering will focus on the following:

- How many applications were received? (totals for each month from 7/02-6/03) Of those, how many applicants are single individuals? How many are married and living together? How many are married but living apart?
- How many applications were approved? Of those, how many are in each cost sharing level? How many are classified as "mixed" (receiving benefits such as food stamps, etc. through local agency)
- How many applications were denied? Of those, the number for each denial reason (citizenship, fee, residency, age, SSN requirements, etc.)
- How many persons had eligibility terminated prior to the end of the benefit period? If terminated, what was the reason for termination? (NSF, opt out, death, move out of state)
- How many persons withdrew their application?
- How many applicants reported earned income?
- How many applications were considered invalid because they were missing name, address or signature?

Mail-in Application and Self-Declaration of Eligibility Information. In an effort to assure accurate eligibility determinations while minimizing barriers for seniors and reducing administrative costs, Wisconsin is proposing an active study that will focus on an evaluation of the streamlined, mail-in application process. In addition, there will be an evaluation of self-declaration of eligibility information and the change reporting policies. For a random sample of

cases that had SeniorCare benefits approved, non-financial and financial eligibility elements will be reviewed as follows:

- Residency
- Age
- Citizenship/Immigration Status
- Social Security Number
- Household eligibility information
- Income
- Enrollment Fee

For sample cases, the discrepancy reports and the CARES record will be reviewed for the month of application. The participant and/or third parties will be contacted if additional information is needed.

In addition to the sample cases, discrepancy reports will be analyzed to determine how accurately applicants predict their annual income and how often participants experienced an increase in income (which was significant enough to impact the cost-sharing level) after the benefit period began.

If it is determined through the review process that a SeniorCare participant was ineligible for benefits in the month prior to the eligibility begin date, the CAPO will be notified and corrective action will follow. The participant may be required to reimburse Wisconsin for the cost of benefits received.

Fair Hearing Requests. Because SeniorCare is administered at the state level, responding to and processing fair hearing requests is a state responsibility. DHFS receives copies of the requests submitted to the Department of Administration, Division of Hearings and Appeals and is asked to comment on case circumstances within ten days. During the month of September, there were eleven fair hearing requests submitted. In our review of these requests, we have found that many of the requests result from misunderstanding of program policy or, to a more limited extent, agency error. As a result, we have implemented a response process that involves direct contact with the SeniorCare participant to attempt to resolve the issue without a fair hearing. To date, we have successfully resolved all cases except one.

Lessons Learned. Our involvement in the initial reviews of fair hearing requests taught us the following:

- Customer contact and case research during the initial phase of the fair hearing process is essential to understanding the case circumstances and key to successful resolution of issues
- Clarification of program policies concerning income was needed for SeniorCare customers. In response, a fact sheet with clarifying policy has been published on the SeniorCare website and distributed to the aging network. SeniorCare follow-up training that contains additional clarifications about program income policies is also an important next step

- Additional clarification is also needed about the minimum age requirement for program participation. This clarification can also be done via the website, aging network and follow-up training

Notable Accomplishments

SeniorCare Customer Service and Application Processing. The SeniorCare Central Application Procession Operation has served several thousand SeniorCare applicants and participants. From July 1 to November 8, customer service staff had handled nearly 75,000 phone calls, answering questions about how to apply, where to obtain an application and SeniorCare benefits. The CAPO received nearly 71,000 applications and public workers confirmed over 68,000 people as eligible for the SeniorCare program, processing applications on average within nineteen days. The monthly statistics for customer service phone calls, applications received and number of people confirmed eligible is shown in the table below.

	July	August	September	Total
Customer Service Phone Calls	23,648	19,311	17,700	60,659
Applications Received	26,595	21,705	12,708	61,008
Number of People Confirmed Eligible*	60	42,554	14,782	57,396

*The number of people confirmed eligible represents the number confirmed eligible in the CARES system. After this point in the process, there is still data transfer and processing through the MMIS system before these people will show up in the enrollment data as reported from the SeniorCare "datamart" described later in the report.

Marketing and Outreach Efforts. In addition to application processing, the Department has distributed nearly 275,000 SeniorCare applications statewide. We also distributed nearly 157,000 SeniorCare brochures to pharmacies, the aging network, safety net providers and others.

Other outreach materials also helped us serve thousands of SeniorCare customers. Through our television commercial, the percentage of persons age 50 and over that were exposed to the commercial at least once ranged from 88.9% in Madison to 95% in the Milwaukee/Racine area. The number of times on average that persons age 50 and over was exposed to the commercial ranged from 4.8 in the Wausau/Rhinelander area to 6.3 times in the Milwaukee/Racine area.

C. OPERATIONS AND ADMINISTRATION

The Operations area reported information in the following categories:

Eligibility
- The eligibility subsystem changes for SeniorCare were implemented without incident
- ID cards were sent to 41,018 participants so that they would have them in hand the day benefits for the program were first available, 9/1
- No MMIS processing problems were reported

Automated Voice Response (AVR)
- There was no marked increase in call volume due to SeniorCare implementation

Prior Authorization (PA)
- Systems were expanded to allow an additional telephone lines doubling the call and fax capacity for SeniorCare
- A file server was also added to enable the FAX Press system to operate with more stability
- Stat PA: A 96% increase in the average number of transactions over the same period the previous month
- FaxPress: A 28% increase in the average number of transactions over the same period the previous month

Point of Sale (POS)
- The Pharmacy Point of Sale (POS) system enhancements were successfully implemented to accommodate the unique SeniorCare policies of Spenddown, Deductible and Co-payment and SeniorCare reimbursement. Postproduction verification continues
- As of 9/30/02, a total of 223,727 claims had been processed for SeniorCare participants including both waiver and non-waiver participants
- Upon implementation, there were some system issues that arose as a result of changes made to the MMIS in order accommodate SeniorCare policies. A few participants' claims were inappropriately denied due to ineligibility, which was not accurate at the time of processing. This problem was corrected immediately and pharmacies were contacted to resubmit any denied claims

Coordination of Benefits (COB)
- System and billing changes for COB for SeniorCare were successfully implemented. This required pharmacies to provide additional information about insurance payments and cost sharing amounts. Data matches identify insurance coverage with insurance carriers. Weekly matches were implemented to identify the coverage immediately
- Upon implementation, the MMIS was able to appropriately coordinate claims for participants with verified drug coverage with little difficulty. DHCF has also begun the post-payment billing process for pharmacy services. Approximately 12% of participants have been identified through insurance matches to have other drug coverage
- Most of the pharmacy software vendors were able to have the necessary changes made to the pharmacy's software prior to implementation. Some pharmacies and software vendors had to make additional changes to accommodate SeniorCare policies and to resolve problems in billing that were identified during the first week of implementation

Provider Customer Service
- Publications and other provider resources were created in order to inform providers of the upcoming SeniorCare implementation. Staff also needed to be trained in order to provide accurate information to callers. SeniorCare statues state the DHCF must calculate and transmit to the pharmacies the program's rate of payment. While most pharmacies currently submit real-time through the Pharmacy Point of Sale (POS) system, there are some that do not have access to the POS
- Provider publications and other resources were released in July and August. In mid-August, DHCF staff performed a SeniorCare informational training via an Educational Training Network (ETN). Approximately, 400 Pharmacy Service Providers attended. DHCF Staff were also present the weekend of implementation to assist the Fiscal Agent staff manning the telephones. DHCF designed a Website for provider's to inquire about specific drug information such as pricing information, prior authorization requirements and co-payment amounts. This can be accessed at:

http://apps.dhfs.state.wi.us/SeniorCareDrugInquiry/jsp/home.jsp

- Initially, there were also a few problems identified due to software vendors that were experiencing difficulty with coding the new program. Some were unable to send necessary codes or correctly display the information needed, others were unable to get the claims to the Medicaid fiscal agent for processing. As the first week progressed, the Pharmacy's software vendors corrected many of these initial problems

Drug Rebate
- DHCF is pursuing separate SeniorCare drug rebate agreements for SeniorCare participants not covered by the waiver (over 200% of FPL), with all current manufacturers who participate with the federal Medicaid drug rebate program
- As of September 30,2002, the status of the separate agreements is as follows; out of 558 labelers, 68 were not participating, 47were pending, 214 were participating and 229 had yet to respond

In addition to those areas, there were a number of administrative accomplishments during the quarter. As of the end of September, the state had completed or was on target to complete much of the necessary background work in setting up administrative accounting and reporting mechanisms. Also, work in the Human Resource area was undertaken to advertise, recruit and hire new staff that will be permanently assigned to responsibilities in the SeniorCare area, either exclusively or as a part of their overall role in the Department.

D.   EXPENDITURES AND UTILIZATION

The program was launched September 1, 2002 and therefore there is only one month during this reporting period to which expenditure data apply. The attached tables identify the key expenditure and utilization information from this period. It is important to note a few fundamental data distinctions and definitions for SeniorCare. First, there are and will be state, federal, participant and third party insurance payments associated with SeniorCare. Therefore it

is important to read the heading titles on the attached tables carefully, as some report only state and federal payments, others report the total including other insurance and participant share. Also, within SeniorCare there are both waiver-eligible individuals and people whose coverage is not shared by the federal government and are referred to as "state-only". Only expenditures on behalf of participants with income at or below 200% of the federal poverty level (FPL) are eligible for federal financial participation. Finally, data from the analytical database is processed weekly on a date-of-payment basis.

As is evident from the attached tables, enrollment and utilization was strong and as enrollment grows in the future and the first "wave" of participants above 160% FPL complete their deductible requirement, state and federal expenditures are expected to accelerate. The count of total payments from all sources was $4.7 million during the only month in the quarter during which benefits were paid. For just the 42,000 waiver-eligible participants the total was about $3.4 million for 95,610 prescriptions. This amounts to just under $36 per prescription for that period. Within this single month of benefit operations, about 60% of total enrolled participants had at least one prescription processed through the system. In addition to the enrollment, demographic, cost and claims information on the first attached table, the first month's utilization by Therapeutic Category is provided for all participants, waiver and state-only. The top 20 therapeutic categories account for about 50% of costs.

E.   POLICY, REPORTING AND ANALYSIS

During the quarter a number of important milestones were reached in these areas. These included finalizing and publishing the administrative rule and launching the specialized data system necessary to analyze and report program utilization and enrollment. During the period there were three meetings of the SeniorCare Advisory Committee where program progress was reported, issues discussed and guidance offered. There were no changes or further developments of major program policy during the quarter, as that work had already been completed in time to launch the program on July 1, 2002. The following is a more detailed accounting of the most important policy and analytical issues for the quarter.

Administrative Rule:

The administrative rule was drafted as policy decisions were finalized during the period leading up to implementation and was finished during this quarter. Various nuances in how the program would operate had to be identified and resolved within the context of formulating regulatory language. Eligibility Bureau staff helped resolve eligibility issues and helped formulate the draft rule language to address many of the outstanding issues. Program Integrity Bureau staff helped resolve issues relating to mechanisms to ensure program integrity and staff from the Office of Legal Counsel helped refine the resolutions of both sets of issues, including helping with the structural format of the rule.

A public hearing was held on October 10, 2002. Individuals representing two organizations attended and both filed written comments. Given the fact that SeniorCare is an entirely new program, two comments can certainly be viewed as a small number. The content of the comments related to issues that are not central to the program, and responses will be provided within the required time frames.

Data Analysis

The SeniorCare program required specialized capabilities in the area of data analysis and reporting. Because the enabling legislation outlined a particular set of actions to be undertaken in the event of a budget shortfall, a very flexible and fast data system was needed to closely monitor enrollment, expenditures, utilization and the underlying categories in each of these areas. It was important to have a complete picture weekly, and to have that picture provided with very little time or effort by the analyst so that the time could be spent in analyzing and understanding the program, not in obtaining and managing the raw data. One characteristic of prescription drug data is that the volume of claims and the myriad of different products makes analysis a very systems-intensive proposition. The program needed an excellent capability in handling and analyzing data.

To that end a workgroup was put together with representatives of both the department and the Medicaid fiscal agent and a series of business requirements were identified, including both content and performance parameters. Subsequently, the fiscal agent, in conjunction with department staff developed a solution that provided for a series of pre-aggregated databases integrated into a single data "universe" on the existing data platform (MEDS) that has come to be referred to as the SeniorCare "datamart". The special features of this solution included a number of innovative capabilities. First, by excluding certain claims processing data elements that are not required in budget and utilization analysis, the underlying data volume was much reduced. These data elements are maintained in the regular MMIS and MEDS systems where they are needed for different kinds of work, but are not part of the datamart. Second, by pre-aggregating data into reporting categories such as ranges of the percent of the Federal Poverty Level (FPL) that correspond to the differential enrollment levels, it made queries against the data very rapid. Third, there was a significant effort to improve the precision and clarity of the drug grouping hierarchy so that analysis would, in turn, be much more precise in relation to utilization analysis by drugs class or drug entity. Fourth, there was an aggregation of multi-agency data sources in the same repository. The underlying data was linked electronically to an Excel forecasting spreadsheet and requires a very simple weekly command to upload refreshed data weekly. In addition, there have been a number of pre-formatted standard reports that can be viewed electronically and are automatically updated each week. These reports provide an integrated source of information that a number of people may use, and that all balance to a consistent database. The system to date has performed very well, delivering a weekly view of the program that is as detailed as necessary but which returns both the pre-formatted reports and the *ad hoc* queries in time units measured in minutes and seconds instead of hours. Further refinement will be necessary throughout the subsequent quarter, but it is expected that the work directly related to SeniorCare will be completed by December 2002.

Lessons Learned. The lessons learned include the importance of clear communication of business and analytical needs, the importance of a regular forum to monitor progress and discuss developments as opposed to an *ad hoc* meeting structure. This helped keep the level of communication high. Additionally, the high degree of attention to documentation and use of specialized tools that integrate planning, modeling and documentation proved very helpful.

As a direct result of this work, one of the more far-reaching benefits of this system development is the spillover of this technology and approach into the Medicaid prescription drug analysis

area. Wisconsin plans to develop a similar capability for the regular Medicaid data analysis effort in prescription drugs, in particular the enhanced drug classification system.

Federal Reporting Workgroup

The structure of the SeniorCare budget neutrality calculations made some important demands on regular federal reporting requirements. The fact that the "base" population was all Medicaid recipients aged 65 and over required some new data reporting directly out of the MMIS system and out of the existing Medicaid analytical reporting system (MEDS). The essence of the issue is that many programs are not strictly defined by age and no such widespread reporting across all Medicaid expenditures (including both claims and non-claims based transactions) had been required before.

In order to evaluate the needs and come up with solutions, a specific federal reporting workgroup was formed, again with representation from both the fiscal agent and department staff. The challenge was to get people together who were familiar with different aspects of Medicaid financial data (claims, administrative, non-claims financial transactions) to come together and help integrate all of those pieces into a single viable reporting strategy. The federal reporting requirements were analyzed and each member was assigned different areas to work through to ensure that the systems in place could handle the job, or to develop a new way to get the job done.

Lessons Learned. Again the lessons speak to the importance of communication, carefully defining the task and each persons' role and the expectations. The workgroup met on a regular, not an *ad hoc* basis, and that again was helpful in moving the process along.

A remaining issue that is broader than the SeniorCare program alone, is the fact that the various Medicaid waivers that Wisconsin operates have much overlap in their study and comparison populations. It is important to ensure that no over- or under-reporting of financial information or participation results from that situation. We have been working with staff from the CMS regional office to resolve this issue and, over time, to make all waiver reporting conform to a more precise and well-defined series of populations.

Advisory Committee

Three meetings were held with the SeniorCare Advisory Committee during the quarter. The agendas and minutes from each meeting are attached. The topics discussed at each meeting ranged across a number of issues, the majority of which were related to the planning for implementation, and as such, most have already been explored and presented in this report. In general, issues that were raised in one meeting were addressed or resolved before the next and there were no serious failures to resolve problems that were raised in this forum.

Lessons Learned. The Advisory Committee has proven to be a very valuable resource for the program in many ways. They serve as a source for a new or different perspective that might not be found strictly within state government and a good sounding board for both policy options and operational decisions. They also serve as an important link between the ultimate beneficiaries of the program, their advocacy and support organizations as well as provider groups. The group was

very involved in the outreach efforts in the period leading up to implementation and in pointing out areas that they saw as potential difficulties or road blocks. In the past quarter they have maintained a close scrutiny of the program and have offered suggestions and guidance where needed.

From the State's point of view, our experience with the SeniorCare Advisory Committee reinforces the notion that it is possible to forge a mutually beneficial relationship with people of enormous talent and energy and the program gains as a result. The underlying reasons for the success to date likely relate in part to the seriousness with which the relationship is viewed by all parties. However, rather than offer an analysis of lessons learned in this section, it will serve to note that a third party evaluation team from Brandeis University is planning a site visit and has explicitly requested an opportunity to interview and meet with members of the Advisory Committee. The results of that evaluation will form an important unbiased assessment of any successes in this regard and the reasons for that success.

F.   OTHER ISSUES

Future View

As mentioned in Section E, preparing for SeniorCare, particularly in the development of database capability and analysis perspective, has provided a real impetus for further development beyond the scope of SeniorCare. For example Medicaid pharmacy expenditures (expected to be in the neighborhood of $480 million in SFY 03), will benefit from a comparable analytical and database capability with work expected to begin early in 2003.

G.   ATTACHMENTS

All attachments that are in Microsoft format are contained in the file titled "Binder for Quarterly Report JAS 02". The files include:

1. Summary Data Tables (Excel File)
2. Summary Budget Neutrality Tracking (Excel File)
3. SeniorCare Administrative Rule (Word File)
4. Advisory Committee Meetings – Agendas and Minutes (Six Word Files)

In addition, the SeniorCare Brochure is attached in an Adobe Acrobat format.